

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 Substitute for Form PTO-1360
 (For use with Form PTO/SB/06)

Application Number

10/583,203

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
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Total Indep	1		1				Total Indep							
Total Depend	3		3				Total Depend							
Total Claims	4		4				Total Claims							

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